2700 INTERNAL TRANSFE	R REQUEST FOR S.N.		
DATE: 12 06 5	FROM:		(print name)
FORWARD TO: A. Art Unit: 2(6) B. Class: 70	REASON(S): A. You had Parent B. See Title C. See Abstract	(check box) (check box)	. <u> </u>
C Subclass:	D. See Claim(s):		
FURTHER EXPLANATION IF NE	Businers	Practic	9-
DATE:	FROM:		(print name)
FORWARD TO: A. Art Unit: B. Class: C Subclass:	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box) (check box)	
FURTHER EXPLANATION IF NE	 -		
			(print name)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)	_ (print name)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:	(check box)	(print name)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:	(check box)	(print name)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED: ASSIFICATION	(check box)	(print name)

FURTHER EXPLANATION IF NEEDED: